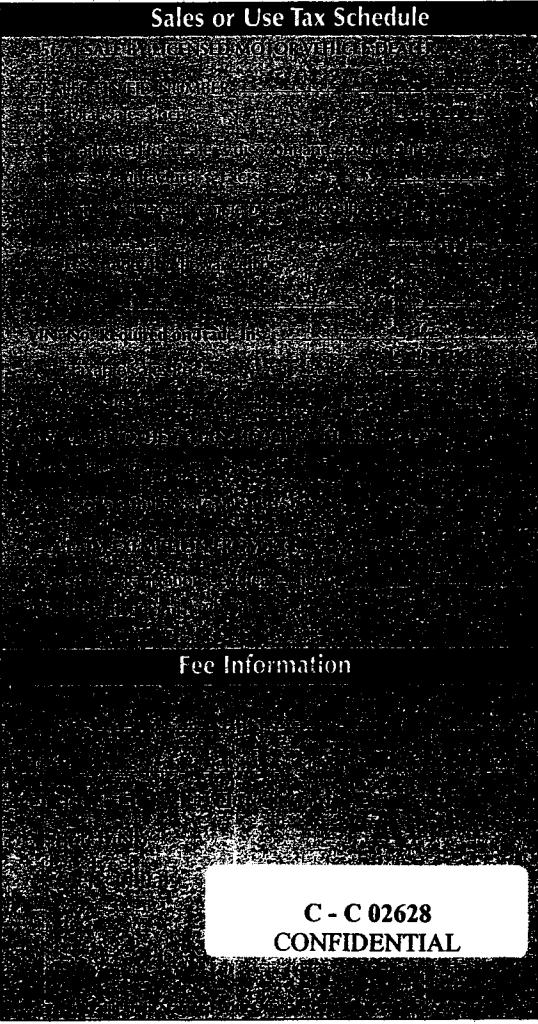
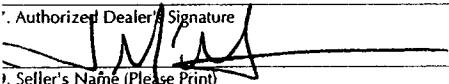


EXHIBIT 49

ORIGINAL

 Massachusetts Registry of Motor Vehicles RMV-1 Application Form (617) 351-4500 http://www.massrmv.com		3. Number of Documents <input type="checkbox"/> RO (Registration Only) <input type="checkbox"/> RX (Registration Transfer) <input type="checkbox"/> ST (Salvage Title) <input type="checkbox"/> RT (Registration & Title) <input type="checkbox"/> TAR (Title Add Registration) <input type="checkbox"/> TO (Title Only) <input type="checkbox"/> SW (Summer/Winter Swap)		
1. Reg Eff Date Registration/Vehicle Information		5. Plate Type 6. Registration Number 7. Previous Title # 8. State		
9. Type of Registration: <input type="checkbox"/> Passenger <input type="checkbox"/> Bus <input type="checkbox"/> Taxi <input type="checkbox"/> Livery <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Trailer <input type="checkbox"/> Auto Home <input type="checkbox"/> Semi-Trailer <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other				
10. Vehicle Identification Number: 1 H D 1 B T Y 1 X 3 Y 0 9 1 5 6 8				
1. Year 2003	12. Make HD	13. Model Name FXSTB	14. Model # T	
15. Body Style MC	16. Circle Color(s) of Vehicle 0-Orange 1-Black 2-Blue 3-Brown 4-Red 5-Yellow 6-Green 7-White 8-Gray 9-Purple	17. # of Cylinders/Passengers/Doors 2 12 3		
8. Transmission <input type="checkbox"/> Automatic <input checked="" type="checkbox"/> Manual	19. Total Gross Weight (Laden)	20. Motor Power <input checked="" type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Other	21. Bus: <input type="checkbox"/> Regular <input type="checkbox"/> DPU <input type="checkbox"/> Livery <input type="checkbox"/> Taxi <input type="checkbox"/> School Pupil If carrying passengers for hire, max no of passengers that can be seated: _____ If school bus, is it used exclusively for city, town, or school district? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Owner Information 22. Owner 1 License #/State S42407157 MA		23. Owner 2 License #/State		
5. Owner 1 Name (Last, First, Middle) DESALVO, SCOTT A				26. Owner 1 Date of Birth 6/30/1964
7. Owner 2 Name (Last, First, Middle)				28. Owner 2 Date of Birth
				30. City/Town Where Vehicle is Principally Garaged:
1. Mailing Address 715 LYNNFIELD STREET		City LYNN	State MA	Zip Code 01904
2. Residential Address		City	State	Zip Code
3. For Leased Vehicles include License Number, Date of Birth and State or EIN/FID Number and Name of Lessee M M D D Y Y				
4. For Leased Vehicles, Include Address, City, State, and Zip Code of Lessee				
Signatures <p>I, THE APPLICANT(S) HEREBY CERTIFY UNDER THE PENALTIES OF PERJURY THAT THERE ARE NO OUTSTANDING EXCISE TAX LIABILITIES ON THE VEHICLE DESCRIBED ABOVE THAT HAVE BEEN INCURRED BY THE APPLICANT(S), ANY MEMBER OF THE APPLICANT(S)' IMMEDIATE FAMILY WHO IS A MEMBER OF THE APPLICANT(S)' HOUSEHOLD OR THE BUSINESS PARTNER OF THE APPLICANT(S).** THE UNDERSIGNED HEREBY FURTHER CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF EIR KNOWLEDGE AND BELIEF. FALSE STATEMENTS ARE PUNISHABLE BY FINE, IMPRISONMENT OR BOTH.</p> <p>i. Signature of Owner From Block 25 or 29. Also Print Name If Different</p> <p></p> <p>Signature of 2nd Owner From Block 27. Also Print Name If Different</p>			Sales or Use Tax Schedule <p></p>	
1. Authorized Dealer's Signature 			38. Dealer Reg No. 1	
2. Seller's Name (Please Print) CYCLE CRAFT COMPANY INC.				
3. Seller's Address 1760 REVERE BEACH PKWY (RT 16) EVERETT			MA 02149	
Insurance Certification <p>THE COMPANY SIGNATORY HERETO HEREBY CERTIFIES THAT IT HAS OR WILL INSURE OR GUARANTEE PERFORMANCE BY THE APPLICANT HEREIN BEFORE NAMED WITH RESPECT TO THE MOTOR VEHICLE HEREBEFORE DESCRIBED FOR A PERIOD AT LEAST COTERMINOUS WITH THAT OF SUCH REGISTRATION UNDER A MOTOR VEHICLE LIABILITY POLICY, BINDER OR BOND WHICH CONFORMS TO THE PROVISIONS OF GENERAL LAWS, CHAPTER 175, SECTION 113A, AND THAT THE PREMIUM CHARGE AND CLASSIFICATION ON THE EFFECTIVE DATE OF REGISTRATION ARE AS ESTABLISHED BY THE COMMISSIONER OF INSURANCE UNDER CHAPTER 175, SECTION 113B, 113H AND CHAPTER 175E.</p>				
41A. Policy Effective Date: _____ Policy Change Date: _____				
41B. Manual Class: 41C. Ins. Company & Code:				
Insurance Co's Authorized Representative's Signature				
Title Data 42. Date of Purchase 8/18/2003		43. Odometer Reading 70		
44. <input type="checkbox"/> New Vehicle <input type="checkbox"/> Used Vehicle If new vehicle, certificate of origin must be submitted				
5. Title Type: <input type="checkbox"/> Clear <input type="checkbox"/> Salvage <input type="checkbox"/> Reconstruct <input type="checkbox"/> Owner Retained <input type="checkbox"/> Theft <input type="checkbox"/> Prior Owner Retained				
6. Primary Salvage Title Brands: <input type="checkbox"/> Repairable <input type="checkbox"/> Parts Only		47. Secondary Salvage Brand		
Lienholder Information We certify that all liens on this vehicle are listed below		48. Date of 1st Lien 3/13/2003		49. Date of 2nd Lien
50. First Lienholder Code EAGLEMARK SAVINGS BANK				
51. Name				
2. Lien Address 4150 TECHNOLOGY WAY		CARSON CITY	NV	99706
3. Second Lienholder Code 54. Name		55. Lien Address		
C - C 02628 CONFIDENTIAL				